

Arizona Department of Behavioral Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

Section 4.4 **Coordination of Care with Other Government Entities**

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4.4.1 Introduction

Effective communication and the coordination of services are fundamental objectives for behavioral health providers when serving persons involved with other government entities (e.g., state agencies). When a behavioral health provider and other government entities, including their service providers, coordinate care efficiently, the following positive outcomes can occur:

- Services are coordinated and delivered safely;
- Minimize the extent of duplicative and redundant activities, such as assessments, service plans and agency meetings;
- Achieve continuity and consistency of care;
- Establish clear lines of responsibility and accountability across service providers in meeting the needs of the person and family; and
- The effective utilization of limited resources.

ADHS/DBHS recognizes the importance of a responsive behavioral health system, especially when the needs of vulnerable persons have been identified by other government entities. For example, ADHS/DBHS strongly supports the timely response and coordination of services for children who have been, or imminently will be, removed from their homes by Child Protective Services (CPS). ADHS/DBHS expects all behavioral health providers to collaborate and provide any necessary assistance when CPS initiates requests for behavioral health services or supports.

The intent of this section is to convey ADHS'/DBHS expectation that behavioral health providers cooperate and actively work with other agencies that are involved with the same person.

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4.4.2 References

- [AHCCCS/ADHS Contract](#)
- [ADHS/T/RBHA Contract](#)
- [Disclosure of Behavioral Health Information Section](#)
- [Intake, Assessment and Service Planning Section](#)
- [Appointment Standards and Timeliness of Service Section](#)
- [Referral Process Section](#)
- [Coordination of Care with AHCCCS Health Plans and PCPs Section](#)
- [Outreach, Engagement, Re-Engagement and Closure Section](#)
- [SMI Eligibility Determination Section](#)
- [ADHS/DBHS Behavioral Health Covered Services Guide](#)
- [ADHS/DBHS Child and Family Team Practice Improvement Protocol](#)

4.4.3 Scope

To whom does this apply?

All persons receiving behavioral health services involved with any other government entities.

4.4.4 Objectives

To make sure that the care a person receives from a behavioral health service provider is effectively coordinated with other Government entities concurrently providing services to the person.

4.4.5 Did you know ...?

- Persons receiving behavioral health services may be involved with other ADHS/DBHS Divisions or government entities, including:
 - Arizona Department of Economic Security (ADES) Division of Children, Youth and Families (DCYF);
 - Arizona Department of Juvenile Corrections (ADJC);
 - Administrative Office of the Arizona Supreme Court (AOC);
 - Arizona Department of Education (ADE);
 - ADES/Rehabilitation Services Administration (RSA);
 - Children's Rehabilitative Services (CRS);
 - Tribal social services and Tribal courts
 - Arizona Department of Corrections (ADOC) Correctional Officer/Offender Liaison, (COOL) Program; and
 - ADES Division of Developmental Disabilities (DDD) [Arizona Long Term Care Services (ALTCS)]
- ADHS/DBHS has entered into Intergovernmental Agreements (IGAs), Interagency Service Agreements (ISAs) and Memorandums of Understanding (MOU) with several State, County, Tribal and local agencies to ensure collaboration in serving persons involved with multiple systems.
- ADHS/DBHS has developed a practice improvement protocol, entitled "Child and Family Teams". The protocol includes suggested guidelines for developing and maintaining a collaborative relationship with other Government entities that deliver services to children.

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- A collaborative process of assessment, service planning, service delivery and support among multiple agencies represents the practice endorsed by ADHS/DBHS.

4.4.6 Procedures

Behavioral health providers are responsible for actively coordinating the services a person receives with the services provided by other government entities. Behavioral health service providers, in cooperation with the contracting T/RBHA, must coordinate efforts with other government entities and their service providers.

4.4.6-A. General requirements

The following information represents ADHS'/DBHS requirements for behavioral health providers when collaborating and coordinating care with other government entities that may be involved with persons receiving services in the public behavioral health system.

4.4.6-B. Arizona Department of Economic Security/Division of Children, Youth and Families (ADES/DCYF)

When a child receiving behavioral health services is also receiving services from ADES/DCYF, the behavioral health provider can work towards effective coordination of services by:

Working in collaboration with the CPS case manager and;

- Actively considering information and recommendations in the child's welfare case plan when developing the child's behavioral health treatment plan;
- Ensuring an urgent response to DES/DCYF initiated referrals for children who have been, or imminently will be, removed from their homes;
- Inviting the CPS case manager, CPS providers and foster parents to participate in the behavioral health treatment planning process as members of the child and family team;
- Coordinating, communicating and expediting behavioral health services to assist DES/DCYF in enhancing safety to keep families together, reducing the amount of time children spend in the custody of the state, improving the stability of out-of-home placements and assisting in finding permanent placement for children; and
- Ensuring responsive coordination activities and service delivery that supports DES/DCYF planning and facilitates adherence to DES/DCYF established timeframes (see [PM Form 4.4.1](#), ACYF Child Welfare Timeframes)

Arizona Families First Program

Behavioral health Providers must ensure coordination for parents/families referred through SB 1280 (Arizona Families First) program.

The Arizona Family First program provides expedited access to substance abuse treatment for parent and families referred by Child Protective Services and the ADES JOBS programs. ADHS/DBHS participates in statewide implementation of the program through an Intergovernmental Agreement with ADES. RBHAs and providers:

- Accept referrals for Title XIX and Title XXI eligible and enrolled persons and families referred through Arizona Families First;
- Assist in local coordination of additional support services for Title XIX members;

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- Minimize duplication of assessments; and
- Develop procedures for sharing information on persons enrolled in both Title XIX and the Arizona Families First program.

[T/RBHA add language here]

4.4.6-C. Arizona Department of Education (ADE), Schools or Other Local Educational Authorities

Behavioral health providers serving children can gain valuable insight into an important and substantial element of a child's life by soliciting input from school staff and teachers. Behavioral health providers can collaborate with schools and help a child achieve success in school by:

- Working in collaboration with the school and sharing information to the extent permitted by law and authorized by the child's parent or legal guardian (see [Section 4.1, Disclosure of Behavioral Health Information](#));
- For children receiving special education services, ensuring that the clinical liaison or designee participates with the school in developing the child's Individual Education Plan (IEP);
- Inviting teachers and other important school staff to participate in the child and family team if agreed to by the child and legal guardian;
- Actively considering information and recommendations contained in the (IEP) when developing the person's behavioral health treatment plan; and
- Ensuring that transitional planning occurs prior to and after discharge of an enrolled child from any out-of-home placement.

[T/RBHA add language here]

4.4.6-D. Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD)

Persons qualifying for services through DDD can fall into several different categories based on their eligibility status and the extent of their disability. There are three general groupings:

Type of DDD Eligibility	What behavioral health services are available?	Who is responsible for providing the behavioral health services?
Title XIX and eligible for ALTCS	All Title XIX covered services	T/RBHAs and contracted providers
Title XIX and not eligible for ALTCS	All Title XIX covered services	T/RBHAs and contracted providers
Non-Title XIX	Services provided based on available funding	T/RBHAs and contracted providers based on the availability of funds

Behavioral health providers can strive towards effective coordination of services with persons receiving services through DDD by:

- Working in collaboration with DDD staff and service providers involved with the person;
- Providing support to DDD providers in managing difficult behaviors:

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- Inviting the person, family members, legal guardian and DDD staff to participate in the development of the behavioral health service plan and all subsequent planning meetings as members of the child and family team or clinical team;
- Actively considering information and recommendations in the Individual or Family Support Plan developed by DDD staff when developing the person's behavioral health treatment plan; and
- Ensuring that the goals of the behavioral health treatment plan of a person with developmental disabilities who is receiving psychotropic medications includes reducing behavioral health symptoms and achieving optimal functioning, not merely the management and control of unwanted behavior.

[T/RBHA add language here]

4.4.6-E. Courts and Corrections

- Arizona Department of Corrections (ADC)
- Arizona Department of Juvenile Corrections (ADJC); and
- Administrative Offices of the Court (AOC)

When a person receiving behavioral health services is also involved with a court or correctional agency, behavioral health providers can work towards effective coordination of services by:

- Working in collaboration with the appropriate staff involved with the person;
- Inviting probation or parole personnel to participate in the development of the behavioral health treatment plan and all subsequent planning meetings as members of the child and family team or clinical team;
- Actively considering information and recommendations contained in probation or parole case plans when developing the behavioral health service plan; and
- Ensuring that upon referral or request, the behavioral health provider evaluates and participates in transition planning prior to the release of eligible persons and arranges and coordinates care upon the person's release.

[T/RBHA add language here]

4.4.6-F. Corrections Officer/Offender Liaison (COOL) Program

The COOL Program is for non-SMI offenders. It was established to serve the substance abuse treatment and behavioral health service needs of high-risk offenders on parole from the Arizona Department of Corrections. Participants must not have been determined to have a serious mental illness. The COOL Program provides designated staff and funding to support offenders with primary substance abuse problems in the community.

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Behavioral health providers must ensure the following for persons served under the COOL Program:

- Coordination of referrals and service placements with the person's parole officer;
- Maintenance of attendance verification reports and distribution of the reports to the person's parole officer every 30 days;
- Notification to the person's parole officer within 48 hours of the following:
 - Offender missing or not showing for an appointment;
 - Offender refusing services;
 - Failure to contact offender after a minimum of one (1) attempt; or
 - Offender non-compliance (leaving the program against staff advice or failure to attend the program).

[T/RBHA add language here]

4.4.6-G. Arizona County Jails

In Maricopa County, when a person receiving behavioral health services has, or is perceived to have, a serious mental illness (SMI) and is detained in a Maricopa County Jail, the behavioral health provider can assist the person by:

- Working in collaboration with the appropriate staff involved with the person;
- Ensuring that screening and assessment services are provided to jailed persons upon request;
- Ensuring that the person has a viable discharge plan, that there is continuity of care if the person is discharged or incarcerated in another correctional institution and pertinent information is shared with all staff involved with the person's care or incarceration in accordance with [Section 4.1, Disclosure of Behavioral Health Information](#); and
- Determining whether the person is eligible for the Jail Diversion Program.

For all other persons receiving behavioral health services and all other Arizona counties, behavioral health providers must help ensure that appropriate coordination with jail personnel occurs.

[T/RBHA add language here]

4.4.6-H. Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA)

The purpose of RSA is to work with individuals with disabilities to achieve increased independence or gainful employment through the provision of comprehensive rehabilitative and employment support services in a partnership with all stakeholders.

Supportive employment services available through the ADHS/DBHS system are distinct from vocational services available through RSA. Please refer to the ADHS/DBHS Behavioral Health Covered Services Guide for more details.

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When a person determined to have a serious mental illness is receiving behavioral health services and is concurrently receiving services from RSA, the behavioral health provider can ensure effective coordination of care by:

- Working in collaboration with the vocational rehabilitation (VR) counselors or employment specialists in the development and monitoring of the person's employment goals;
- Ensuring that all related vocational activities are documented in the comprehensive clinical record;
- Inviting RSA staff to be involved in planning for day programming to ensure that there is coordination and consistency with the delivery of vocational services;
- Participating and cooperating with RSA in the development and implementation of a Regional Vocational Service Plan; and
- Allocating space and other resources for VR counselors or employment specialists working with enrolled persons who have been determined to have a serious mental illness.

[T/RBHA add language here]

4.4.6-I. Arizona Department of Health/Office of Assisted Living Licensure

When a person receiving behavioral health services is also living in an assisted living facility, behavioral health providers must coordinate with the Office of Assisted Living to ensure that the facility is licensed and that there are no existing violations or legal orders. Behavioral health providers must also determine and ensure that the person living in an assisted living facility is at the appropriate level of care. The behavioral health provider can coordinate with the Office of Assisted Living to determine the level of care that a particular assisted living facility is licensed to provide.

[T/RBHA add language here]